

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 2, 2002

ALL COUNTY LETTER NO. 02-58

TO: ALL COUNTY WELFARE DIRECTORS
ALL ELIGIBILITY SUPERVISORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL COUNTY LICENSING PROGRAM MANAGERS
ALL CHIEF PROBATION OFFICERS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: EFFECT OF ASSEMBLY BILL (AB) 1695 (CHAPTER 653, STATUTES OF 2001) ON FOSTER CARE AND SUGGESTED GUIDELINES FOR THE VERIFICATION OF APPROVED FOSTER FAMILY HOMES

SUPERSEDES: All County Letter (ACL) 02-19

Reference: ACL 00-85 and 01-85, and Community Care Licensing (CCL) Letter Dated January 14, 2002

The purpose of this letter is to transmit information to the County Welfare Departments (CWD) regarding the changes resulting from the passage of AB1695 and its effect on foster care policies and procedures. AB1695 clarifies existing state law in order to ensure conformity with the federal Adoptions and Safe Families Act (ASFA) of 1997.

Nonrelative Extended Family Member

Welfare Institutions Code (W & I Code), Section 361.2 (e) expands the list of foster family homes eligible for state and federal foster care as specified in Eligibility and Assistance Standards (EAS) Manual, Sections 45-202.5 and 45-203.4 to include an approved home of a nonrelative extended family member. A nonrelative extended family member is defined as an adult caregiver that has an established familial or mentoring relationship with the child that has been verified by the CWD. Pursuant to W & I Code Section 309 (d), a nonrelative extended family member home is subject to the same approval process as a relative home (See ACL 01-85, dated December 14, 2001 and CCL Letter of January 14, 2002). When determining state or federal eligibility and funding for the child, the nonrelative extended family member is considered nonrelated to the child. Therefore, a child placed in the approved home of a nonrelative extended family member is eligible for federal or state foster care provided all other eligibility criteria are met.

Documentation Requirement for Approved Homes

Pursuant to ASFA, CWDs must indicate that a relative's home has met the standards of an approved foster family home. This documentation requirement also applies to nonrelative extended family members since they are subject to the same approval process as relatives. In order to bring existing relative homes into conformity with the new documentation requirement, counties are instructed to reassess these homes and complete an approval document. A sample approval document has been attached that is recommended for use as the county approval document. The approval document is to be completed by the approving authority (i.e. social workers, licensing workers, etc.).

As previously instructed in the superceded ACL 02-19, the reassessment of existing relative homes must be completed by August 18, 2002 which is six months from the date of that letter. Once a home has been reassessed, the eligibility worker must receive a copy of the approval document for placement in the income maintenance file.

For new approvals, eligibility workers must receive a completed and fully signed copy of the approval document once the home has been approved and a placement has been made. Provided all other eligibility criteria are met, eligibility for new approvals will begin according to the date the approval standards were met.

Certified License-Pending

AB1695 eliminated the certified license-pending status from state law. As previously indicated in ACLs 00-85 and 01-85, certified license-pending homes are no longer eligible for federal and state foster care.

Division 31 emergency regulations reflecting these changes have been approved effective June 25, 2002. If you have any questions regarding this ACL, please contact your Foster Care Eligibility representative at (916) 324-5809.

Sincerely,

Original Document Signed By

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Attachment

SAMPLE

VERIFICATION OF APPROVED FOSTER FAMILY HOME

☐ Relative ☐ Nonrelative Extended Family Member

Name(s) of Child(ren) Placed	Date Placed	Birth Date	SSN
1.			
2.			
3.			
4			

Caregiver's Name(s)

Relationship to Child(ren)

Address

The above caregiver(s) has/have been assessed to be a suitable caregiver(s) of the above named child(ren). The home meets the required approval standards, including criminal background clearances on all adults living in the home.

Authority Cites: Welfare and Institutions Code, Section 309d and Manual of Policies and Procedures, Sections 31-002(a)(9), 31-075.3(a), 31-401.5, and 31-445.

Social Worker _____
Signature

Supervisor _____
Signature

Date: _____

Instructions: Send copies to income maintenance file and Services case file